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To: Examiner Sarvamangala J. N. Devi, Ph.D.
Art Unit 1645**Fax No:** 571 273 8300**Phone No:** 571 272 0854

Re: U.S. Patent Application No. 10/759,600

Your Ref:**Seed IP Ref:** Attorney Docket No. 481112.410D1

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TRANSMITTAL FORM <i>(To be used for all correspondence after initial filing)</i>	Application Number	10/759,600
	Filing Date	January 16, 2004
	First Named Inventor	James B. Dale
	Art Unit	1645
	Examiner Name	Sarvamangala J. N. Devi, Ph.D.
	Attorney Docket No.	481112.410D1

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement and Transmittal <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (<i>Appeal Notice, Brief, Reply Brief</i>) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (<i>please identify below</i>): _____ _____ _____
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : James B. Dale
Application No. : 10/759,600
Filed : January 16, 2004
For : GROUP A STREPTOCOCCAL VACCINES

Examiner : Sarvamangala J. N. Devi, Ph.D.
Art Unit : 1645
Docket No. : 481112.410D1
Date : August 31, 2006

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Commissioner for Patents:

Please amend the above-identified application as follows.

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks begin on page 9 of this paper.